

EAST SUFFOLK COUNTY COUNCIL.



ANNUAL REPORT
OF THE
County Medical Officer

1949

PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
IPSWICH.



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October, 1950.

To the Chairman and Members of the County Council.

MY LORDS, LADIES AND GENTLEMEN,

I have the honour to present to you the Annual Report on the health of the County of East Suffolk for the year 1949. The report, as suggested by the Ministry of Health, is on similar lines to those published in recent years.

After the interest aroused by the introduction of the National Health Service, the year under review has at first seemed uneventful, but it can be said that some progress has been made. The economic position of the country, coupled with acute shortages in the medical and dental staffs, has precluded any drastic improvements. Enough has already been written of the serious effect on the dental care of the school child following the depletion of the dental staffs of local authorities to make comment unnecessary, other than to say that it has been quite impracticable to develop a scheme for giving priority dental treatment to expectant or nursing mothers and children under five.

In the schemes made under the National Health Service Act and approved by the Council, it was envisaged that there would be very close co-operation between the Local Health Authority, the Executive Council and the Regional Hospital Board. These three partners to the new Health Service have each had their separate and heavy problems to deal with and although there has been some co-operation it is not likely that the full co-operation envisaged and desired will be achieved until the separate services have become more stabilised and the financial position improved.

The report contains brief comments, where necessary, as to the various services administered by the department. I would, however, refer to the very satisfactory position shown in Table IV. relating to maternal mortality. There are, of course, many factors giving rise to the new low record, but the progress made in the provision of cars for all nurse-midwives and the training in gas and air analgesia, and the supply of the necessary equipment are matters of satisfaction.

Apart from Lowestoft, there were 57 separate nursing associations in the County at the time of the transfer of functions, and the allocation of work as between the various nurse-midwives generally had no common factor. Progress is being made in reviewing the areas of these officers and it is reasonable to hope that as a result of this revision not only will it be possible to allocate the work more fairly without increasing the number of staff, but it is hoped to improve the off-duty arrangements and the provision of relief officers during illnesses and holidays. It will be remembered that to ensure that full account is taken of local circumstances, the views of the appropriate nursing associations are obtained before alterations are made.

The expansion of the Home Help Service and the use of the Hospital Car Service have given rise to serious concern, mainly because of the financial aspect. It is clear that these two new services are necessary, but their operation must be watched carefully in order to ensure that not only is the expense involved essential, but that such expense does not become so great as to affect detrimentally the operation of other equally important services of the Health Authority. It is an interesting reflection that home nursing has increased very little. It may well be that because the public has over the years become accustomed to the district nurse, her services are called for only when absolutely essential, and this encourages me to the belief that when the new health services have lost any aspect of novelty they will be utilised in the same way to the benefit of the public.

I have the honour to be,

Your obedient Servant,

HENRY ROGER,

County Medical Officer.

PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
IPSWICH.

I.

GENERAL STATISTICS.

Area : 548,607 acres.—1st April, 1934.

Population 1949 : 210,782.

(As estimated by the Registrar-General).

Population, Census 1931 : 207,475.

Number of inhabited houses, Census 1931 : 52,513.

Number of families or separate occupiers, Census 1931 : 53,933.

Rateable Value : £1,076,678 (year beginning 1st April, 1949).

Estimated product of a penny rate : £4,238 (year beginning 1st April, 1949).

Natural and Social Conditions of the Area.

Geology, Industry, Commerce. These subjects are dealt with in the Survey Report for 1930 and there has been no alteration requiring comment; those desiring information are referred to that Report.

1949

Extracts from Vital Statistics for the Year.

<i>Live Births :</i>	<i>M.</i>	<i>F.</i>	<i>Total.</i>	
Legitimate	1,714	1,625	3,339	} Birth rate per 1,000 of estimated population :— 16.6.
Illegitimate	86	72	158	
Total live births	1,800	1,697	3,497	
<i>Stillbirths :</i>				} Rate per 1,000 total births (live and still- births) :—22.1.
Legitimate	41	37	78	
Illegitimate	1	—	1	
Total stillbirths	42	37	79	
<i>Deaths :</i>	1,349	1,321	2,670	} Crude death rate per 1,000 of estimated popu- lation :—12.6.

<i>Deaths from Puerperal Causes :</i>	<i>No. of Deaths.</i>	<i>Rate per 1,000 total births.</i>
Puerperal Sepsis	0	—
Other Maternal Causes	1	0.28
Total	1	0.28

Death Rate of Infants under one year of age :

All Infants per 1,000 live births	27.1
Legitimate Infants per 1,000 legitimate live births	25.7
Illegitimate Infants per 1,000 illegitimate live births	57.0

Deaths from Measles (all ages)	1
„ Whooping Cough (all ages)	2
„ Diarrhoea (under 2 years of age)	5
„ Cancer (all ages)	409
Cancer Death Rate per 1,000 population	1.9
Tuberculosis Death Rate per 1,000 population	0.26

Population.

<u>Year.</u>	<u>Population.</u>	
1931	... 207,475	Census Return.
1948	... 210,776	(Estimated by Registrar-General).
1949	... 210,782	

The estimated mid-year (civilian) population figure varies little from that of 1948 and calls for no particular comment.

TABLE I.**BIRTHS.***(Still Births are excluded).*

<u>Year.</u>	<u>Total.</u>	<u>Birth Rate per 1,000 Population.</u>			
		<u>Urban.</u>	<u>Rural.</u>	<u>Administra- tive County.</u>	<u>England and Wales.</u>
1948	3762	18.2	17.5	17.8	17.9
1949	3497	16.4	16.7	16.6	16.7

As forecast in last year's report, the birth rate has fallen slightly, apparently in direct ratio to the rate for England and Wales.

TABLE II.**ILLEGITIMATE BIRTHS.***(Still Births are excluded).*

<u>Year.</u>	<u>Total.</u>	<u>Birth Rate per 1,000 Population.</u>		
		<u>Urban.</u>	<u>Rural.</u>	<u>Administra- tive County.</u>
1948	213	1.1	0.9	1.0
1949	158	0.8	0.7	0.75

The number of illegitimate births has fallen appreciably, and the total is more comparable with the 1931-40 period, when the average was 143.

TABLE III.**DEATHS.**

<u>Year.</u>	<u>Total.</u>	<u>Death Rate per 1,000 Population.</u>			
		<u>Urban.</u>	<u>Rural.</u>	<u>Administra- tive County.</u>	<u>England and Wales.</u>
1948	2377	11.5	11.0	11.3	10.8
1949	2670	13.1	12.3	12.6	11.7

The total number of deaths has risen sharply and indeed only four times since 1916 has a higher total been recorded, although the rate per 1,000 population has been exceeded on more occasions.

The difference of 293 between 1949 and 1948 is mainly accounted for by the increase in deaths from Heart Disease (174) and from respiratory causes such as Influenza, Bronchitis and Pneumonia (67).

TABLE IV.
MATERNAL MORTALITY.
DEATHS FROM PUERPERAL CAUSES.

Year.	Puerperal Sepsis	Other Puerperal Causes	Total	Death Rate per 1,000 total births
1948	2	1	3	0.8
1949	—	1	1	0.28

Comment was made in last year's report on the steady decline in maternal deaths, and with only one assigned to the County in 1949, a new low record is established.

Infant Mortality Rate.

TABLE V.
DEATHS OF CHILDREN UNDER ONE YEAR.

Year.	Total.	Rate per 1,000 Live Births.			
		Urban.	Rural.	Administra- tive County.	England and Wales.
1948	74	20	19	20	34
1949	95	27	27	27	32

Although the rate for England and Wales is again lower, it is unfortunate that an increase of 21 in the total number of deaths in the County has caused the rate per 1,000 live births to rise appreciably.

There is, however, still a marked difference when the figures for the five yearly periods are compared.

TABLE VI.
INFANT MORTALITY OVER FIVE-YEARLY PERIODS.

Quinquennium.	Number of Live Births.	Number of Deaths.	Infant Mortality Rate per 1,000 Live Births.
1940 } 1941 } 1942 } 1943 } 1944 }	2,789 } 2,873 } 2,949 } 15,219 3,053 } 3,555 }	128 } 132 } 119 } 608 107 } 122 }	39.9
1945 } 1946 } 1947 } 1948 } 1949 }	3,462 } 3,919 } 4,295 } 18,935 3,762 } 3,497 }	117 } 131 } 140 } 557 74 } 95 }	29.4

TABLE VII.

CAUSES OF DEATH IN EACH DISTRICT.

CAUSE OF DEATH.	URBAN DISTRICTS.										RURAL DISTRICTS.						Grand Total					
	Aldeburgh	Becles	Bungay	Eye	Felixstowe	Halesworth	Leiston	Lowestoft	Saxmundham	Southwold	Stowmarket	Woodbridge	Total	Blyth	Deben	Gipping		Hartismere	Lothingland	Samford	Wainford	Total
1. Typhoid and Paratyphoid Fevers	...												—	1							—	1
2. Cerebro-spinal fever	...												—								—	1
3. Scarlet fever	...												—	2							—	2
4. Whooping cough	...												—								—	2
5. Diphtheria	...												—	4	2	8	3	4	3	1	—	52
6. Tuberculosis of the respiratory system					2			16	1		2	1	27								25	2
7. Other forms of tuberculosis	1				1			3				4	5	1		1	1		2		—	10
8. Syphilitic diseases	...	1			1		1	4	1	1			14	8	8	5	2	3	2		28	42
9. Influenza	...	1	1		1		1						—		1						1	1
10. Measles	...												—					1			2	2
11. Acute poliomyelitis and polioencephalitis	...												—	1		1					1	2
12. Acute infantile encephalitis	...				1								1								2	2
13. Cancer of the buccal cavity and oesophagus (M), uterus (F)	...				4	1	1	13					21	5	1	2	2	3		1	14	35
14. Cancer of the stomach and duodenum	...				8	1	1	14		3	1		31	6	9	3	4	7	5	4	38	69
15. Cancer of the breast	...		1		2	1	1	9		3	2		21	1	3	4	4	4	1	1	18	39
16. Cancer of all other sites	1	11	7	2	20	6	4	52		5	13	15	136	29	26	17	21	17	13	7	130	266
17. Diabetes	...					1	1	3					5		2	1	1	2	2	2	10	15
18. Intracranial vascular lesions	...	4	9	2	40	3	7	55	1	3	14	9	154	24	40	22	32	21	25	3	167	321
19. Heart diseases	...	17	43	6	74	16	29	154	2	12	38	33	440	75	109	103	97	60	60	32	536	976
20. Other diseases of circulatory system	...	2	3	3	7	1		33		4	6	1	62	8	4	11	1	8	3	4	39	101
21. Bronchitis	...	2	2	1	1		1	10			6	2	33	10	17	4	6	8	8	4	57	90
22. Pneumonia	...	1	2		1			19	1	3	3	3	34	13	22	9	8	1	3	3	59	93

TABLE VIII.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE.

CAUSES OF DEATH.			SEX.	AGGREGATE OF URBAN DISTRICTS.						AGGREGATE OF RURAL DISTRICTS.												
				All Ages	0—	1—	5—	15—	45—	65—	All Ages	0—	1—	5—	15—	45—	65—					
ALL CAUSES	...	...	M	581	25	5	5	31	131	384	—	—	—	—	—	768	33	7	5	54	122	547
1. Typhoid and Paratyphoid Fever	...	...	F	651	17	5	2	42	107	478	—	—	—	—	—	670	20	7	2	36	75	530
2. Cerebrospinal Fever	...	...	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3. Scarlet Fever	...	...	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4. Whooping Cough	...	...	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Diphtheria	...	...	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Tuberculosis of the Respiratory System	...	...	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Other forms of tuberculosis	...	...	F	15	1	1	1	6	9	1	—	—	—	—	—	19	1	—	—	8	8	2
8. Syphilitic Diseases	...	...	M	12	1	1	1	6	5	—	—	—	—	—	—	6	—	—	4	—	—	2
9. Influenza	...	...	F	1	—	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—
10. Measles ...	...	...	M	3	—	—	—	—	—	—	—	—	—	—	—	4	—	—	—	—	—	3
11. Acute poliomyelitis and polioencephalitis	...	...	F	2	—	—	—	1	1	—	—	—	—	—	—	1	—	—	—	—	—	1
12. Acute infantile encephalitis	...	...	M	4	1	—	—	1	2	—	—	—	—	—	—	11	1	—	2	2	1	8
13. Cancer of the buccal cavity and Oesophagus (M)	...	...	F	10	—	—	—	—	—	8	—	—	—	—	—	17	—	—	—	—	—	15
14. Cancer of the stomach and duodenum	...	...	M	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
15. Cancer of the breast	...	...	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

10.	Cancer of all other sites	...	...	...	...	...	7	18	37	53				3	11	39
17.	Diabetes	...	...	...	...	...	1		2	5				2		3
18.	Intracranial vascular lesions	...	...	...	...	...		7	2	5				1	10	4
19.	Heart diseases	...	...	...	...	...	4	19	44	72				1		61
20.	Other diseases of circulatory system	...	...	...	...	...	3	43	84	95				3	7	87
21.	Bronchitis	...	...	...	...	...	1	22	156	278				4	33	242
22.	Pneumonia	...	...	...	...	...	1	22	212	258				4	15	239
23.	Other respiratory diseases	...	...	...	...	...	1	7	25	22				2	4	16
24.	Ulcer of stomach or duodenum	...	...	...	...	...	1	2	26	17				1	5	11
25.	Diarrhoea under 2 years	...	...	...	...	...	1	2	16	29				4	4	24
26.	Appendicitis	...	...	...	...	...	2	3	13	28				1	2	24
27.	Other digestive diseases	...	...	...	...	...		1	6	31				4	5	14
28.	Nephritis	...	...	...	...	...	1	2	14	28				4	5	16
29.	Puerperal and post abortive sepsis	...	...	...	...	...		2	3	6				3	2	4
30.	Other maternal causes	...	...	...	...	...	1	1	2	6				1	1	2
31.	Premature birth	...	...	...	...	...		2	2	17				1	6	10
32.	Congenital malformation, birth injury, infant diseases	...	...	...	...	...		1	2	1						1
33.	Suicide	...	...	...	...	...			1	—						
34.	Road Traffic Accidents	...	...	...	...	...			6	11						7
35.	Other violent causes	...	...	...	...	...			4	15						8
36.	All other causes	...	...	...	...	...			10	19						16
		...	...	...	...	...			16	13						10
		...	...	...	...	...			7	—						
		...	...	...	...	...			3	—						
		...	...	...	...	...			6	3						
		...	...	...	...	...			17	6						
		...	...	...	...	...			9	15						
		...	...	...	...	...			2	19						
		...	...	...	...	...			3	13						
		...	...	...	...	...			10	—						
		...	...	...	...	...			16	—						
		...	...	...	...	...			3	3						
		...	...	...	...	...			12	6						
		...	...	...	...	...			7	17						
		...	...	...	...	...			8	9						
		...	...	...	...	...			6	17						
		...	...	...	...	...			7	2						
		...	...	...	...	...			1	11						
		...	...	...	...	...			12	2						
		...	...	...	...	...			6	14						
		...	...	...	...	...			49	7						
		...	...	...	...	...			47	58						

STAFF.

Medical Staff.

County Medical Officer: Henry Roger, M.A., M.B., CH.B., D.P.H.

Deputy County Medical Officer:

S. T. G. Gray, M.B., CH.B., D.P.H.

Assistant County Medical Officers:

I. M. O. Allan, M.A., M.B., CH.B., D.P.H.

P. J. H. Clarke, M.B., B.S., D.P.H.

G. M. Cubie, M.B., CH.B., D.P.H. (from 15.7.49).

M. A. Dawson, M.B., CH.B., D.P.H. (from 25.4.49).

A. C. Gee, M.R.C.S., L.R.C.P., D.P.H. (from 3.1.49).

A. A. Gilmour, M.B., CH.B., D.P.H. (resigned 11.6.49).

C. H. Imrie, M.B., CH.B., D.P.H.

J. L. Patton, M.B., CH.B., D.P.H. (resigned 17.3.49).

H. C. G. Pedler, M.R.C.S., L.R.C.P., D.P.H.

I. Sim, M.B., CH.B., D.P.H. (from 25.4.49).

J. Sleigh, M.B., CH.B., D.P.H. (from 10.5.49).

E. A. Parkinson, M.B., CH.B., D.P.H. (part-time).

Administrative Deputy to the County Medical Officer:

L. J. Bowling.

Senior Dental Officer:

F. E. Street, M.C., L.D.S. (resigned 31.10.49).

Nursing Staff.

County Nursing Officer:

Miss E. Stephenson.

Deputy County Nursing Officer:

Miss M. Vaughan Jones (from 10.1.49).

Health Visitors:

Miss E. L. Almblad (from 1.9.49).

Miss B. C. Broughton (from 7.3.49).

Mrs. V. H. Cuckow.

Miss K. Gillham.

Miss D. Guest (from 18.7.49).

Miss M. Guest (from 18.7.49).

Miss M. N. Hardingham.

Miss V. L. A. Jones.

Miss W. M. Large (transferred from Lowestoft Borough 1.4.49).

Miss S. H. Leighton (from 1.9.49).

Miss A. D. Packard (from 1.10.49).

Miss M. Shipperbottom (transferred from Lowestoft Borough 1.4.49).

Miss R. V. Stiles (transferred from Lowestoft Borough 1.4.49).

Miss K. Smith.

Miss S. J. Williams.

Miss K. Wrighton (transferred from Lowestoft Borough 1.4.49—
resigned 1.5.49).

Miss M. S. Scott (part-time).

Miss O. L. Swann (part-time).

District Nurse/Midwives:

At the end of the year, 73 district nurse/midwives and 7 district nurses were being employed.

County Sanitary Staff.

County Sanitary Officer: A. E. Chapman, F.S.I.A.

Assistant County Sanitary Officers: I. W. Fenn.
W. R. Saunders

District Medical Officers of Health.*Boroughs and Urban Districts:*

Aldeburgh	...	Dr. C. H. Imrie.
Beccles ...	...	Dr. A. A. Gilmour (resigned 11.6.49). Dr. G. M. Cubie (from 15.7.49).
Bungay	...	Dr. H. C. G. Pedler.
Eye ...	...	Dr. H. C. G. Pedler.
Felixstowe	...	Dr. C. H. Imrie.
Halesworth	...	Dr. J. L. Patton (resigned 17.3.49). Dr. J. Sleigh (from 10.5.49).
Leiston ...	...	Dr. J. L. Patton (resigned 17.3.49). Dr. J. Sleigh (from 10.5.49).
Lowestoft	...	Dr. A. A. Gilmour (acting from 1.10.48). Dr. A. C. Gee (from 3.1.49).
Saxmundham	...	Dr. D. W. Ryder Richardson.
Southwold	...	Dr. A. A. Gilmour (resigned 11.6.49). Dr. G. M. Cubie (from 15.7.49).
Stowmarket	...	Dr. P. J. H. Clarke.
Woodbridge	...	Dr. C. H. Imrie.

Rural Districts:

Blyth ...	...	Dr. J. L. Patton (resigned 17.3.49). Dr. J. Sleigh (from 10.5.49).
Deben ...	...	Dr. C. H. Imrie.
Gipping ...	...	Dr. P. J. H. Clarke
Hartismere	...	Dr. H. C. G. Pedler.
Lothingland	...	Dr. A. A. Gilmour (resigned 11.6.49). Dr. G. M. Cubie (from 15.7.49).
Samford	...	Dr. P. J. H. Clarke.
Wainford	...	Dr. H. C. G. Pedler.

III.

NATIONAL HEALTH SERVICE ACT, 1946.

Section 21—Health Centres.

No further directive has been issued in respect of Health Centres, and action under this Section remains suspended.

Section 22—Care of Mothers and Young Children.

The policy outlined in last year's report has been continued, and in two instances, Weighing Centres have been up-graded to Infant Welfare Centres.

Progress in this direction has been limited by the continued shortage of and changes in medical staff, and while every effort has been made to arrange the attendance of a medical officer at each Infant Welfare Centre, it has at times been difficult to do so.

With an increase in the staff of Health Visitors, it has been possible to arrange for the attendance of a Health Visitor at each Centre almost without exception.

Acknowledgment must be made of the continued support given to the Centres by the voluntary workers, whose assistance has been of immense value and without which the task of running the Centres would be much increased.

TABLE IX.
INFANT WELFARE CENTRE.
(position at 31.12.49).

Weekly.	Twice monthly.	Monthly.
Aldeburgh	Bramford (a)	Debenham
Beccles	Brantham (a)	Farnham (a)
Bungay	Carlton Colville	Framlingham
Felixstowe (i) (a)	Eye	Grundisburgh
do. (ii)	Halesworth	Kirton
Stowmarket (a)	Kesgrave	Nacton
Woodbridge (a)	Kessingland	Needham Market (a)
Lowestoft (i) (a)	Leiston	Saxmundham
do. (ii) (a)	Wrentham	Stradbroke
do. (iii)	Yoxford	Wenhaston
		Wickham Market

(a) = Centre also functions as ante-natal and post-natal clinic.

Weighing Centres at:—Blundeston, Charsfield, Claydon, Copdock, Corton, Earl Soham, Friston, Lound, Newbourne, Otley, Somerleyton, Wattisham R.A.F., Waldringfield, Weybread, Wenham.

Summary of attendances, etc., for 1949.

				Infant Welfare Centre.	Weighing Centre.
Number of openings	...	...	...	945	178
Number of attendances:—					
Ante-natal	...	...	...	1,862	—
Post-natal	...	...	...	49	—
Children	...	...	...	27,609	2,890
Average attendance of children a session	...	...	...	29.2	16.2

The Rhesus Factor.

Knowledge of the blood group to which a person belongs is important to everyone, but it is perhaps vitally so in the case of an expectant mother. Determination of the blood group, A, B, O or AB, is made by examination of the red blood cells, but in addition to this, about 85 in each 100 persons have another substance in the red blood cells known as the Rhesus Factor. Where this is present, the person is said to be Rhesus positive, and if it is absent, Rhesus negative.

It is essential that this should be known in case it is ever necessary to give a blood transfusion, in order that the blood donated should correspond exactly with that of the recipient.

During the year, 119 specimens of blood were sent to the National Blood Transfusion Laboratory from expectant mothers attending ante-natal clinics, and general practitioners in the County were given information about the facilities available.

Care of Unmarried Mothers and their Children.

Early in the year, the Diocesan Moral Welfare Associations asked for re-consideration of the arrangements made between the Associations and the County Council, and although it was in respect of the financial aspect that new terms were sought, opportunity was taken to review the respective fields of activity of the Associations and the County Council.

A conference was held and from this improved arrangements were prepared and agreed on the following basis:—

(i) the voluntary associations to be free to place cases in any home where there may be a vacancy subject to the prior approval of the County Council being obtained where it is proposed to use homes other than the existing ones situated at Cambridge, Gt. Yarmouth, Lowestoft, Colchester and Coggeshall;

(ii) the County Council to be financially responsible for the full maintenance costs of cases placed in homes, subject to the length of stay not exceeding 6 months;

(iii) the voluntary associations to make arrangements for the collection from the girls concerned of all but 5/- per week of the National Insurance or National Assistance grant received, these amounts to be deducted from the accounts submitted by the Associations;

(iv.) the voluntary associations not to be required to accept responsibility for any loss being a sum less than one week's income of the girl concerned and incurred through failure to collect contributions from her;

(v.) all cases proposed to be admitted to mother-and-baby homes to be notified to the County Council for prior approval, or in the event of urgent admissions, notification to be given as early as possible;

(vi.) where it is considered desirable by the voluntary associations that the personal allowance to any girl should be increased beyond 5/- per week, application for approval to be submitted to the County Council;

(vii.) the voluntary associations will, as a matter of routine, notify the County Medical Officer as soon as possible of all new cases of expectant or nursing mothers of illegitimate children, irrespective of whether admission to a home is necessary, and the County Council will notify the associations of all similar cases reported by their staff;

(viii.) details of all cases to be notified by the voluntary associations to the County Medical Officer on a form to be supplied by him, and reports to be made without delay in order that the County Council may carry out their statutory duties.

The effect of these arrangements has been that close liaison is maintained between the Associations and the County Council, and, during the year, the County Council accepted responsibility for 12 unmarried mothers in Mother and Baby Homes.

Care of Premature Infants.

126 babies were notified as premature in accordance with Circular 20/44, and special visits to each of these children were made by the Health Visiting staff.

80 of these children were born in their own homes in the County and it was necessary for 9 of them to be admitted to hospital. Of the remaining 71 nursed entirely at home, 64 survived beyond 28 days.

During the year, 6 sets of specially designed equipment needed for the care of the premature baby were obtained and stationed in convenient centres in the County.

Dental Care.

The depletion of the dental staff to two officers, one of whom was almost wholly on work within the Borough of Lowestoft, meant that the development of any Dental Service for expectant and nursing mothers and pre-school children became virtually impossible. Further work on the projected dental clinic at Daneway, Leiston, was suspended, although the premises are adapted and most of the equipment is held in readiness for the time when staff is available to operate the clinic. Provision has also been made in the building at Saxmundham for a similar clinic in the future.

In co-operation with the Regional Hospital Board, facilities were made available at the East Suffolk and Ipswich Hospital for a Dental Surgeon to have the use of the Dental Clinic on each Thursday morning and this arrangement commenced in September, but up to the end of the year, only 5 expectant mothers and 2 children under school age had attended for treatment.

Registration of Nursing Homes.

At the end of the year, premises remaining on the register as maternity and/or nursing homes were as follows:—

<i>Name.</i>	<i>Number of beds available.</i>		
	<i>Maternity</i>	<i>Other</i>	<i>Total</i>
Rutland, Felixstowe ...	7	—	7
St. Monica's, Felixstowe ...	1	—	1
Chatsworth, Felixstowe ...	—	26	26
Lang Warren, Felixstowe ...	—	11	11
Savile Court, Felixstowe ...	—	8	8
Phyllis Memorial Home, Melton ...	8	—	8
Roisel, East Bergholt ...	1	—	1
The Lowlands, Bungay ...	—	6	6
Wilmington, Lowestoft ...	4	5	9
Orme House, Lowestoft ...	4	5	9
Thorndenc, Oulton Broad ...	5	4	9
	—	—	—
	30	65	95
	—	—	—

No new certificates of registration were granted and four registrations were cancelled during the year, because of the closure of the premises by the owners.

Nurseries and Child Minders Regulation Act, 1948.

No applications for registration either as a nursery or as a minder were received during the year.

Section 23—Midwifery.

Although there were some changes in personnel, the number of nurse/midwives employed at 31st December, 1949 was the same as the previous year, namely, 73.

Except in the Borough of Lowestoft, where the 8 midwives continued whole-time on midwifery, in the rest of the County the nurse/midwives devoted part of their time to midwifery and part to home nursing. The number doing health visiting diminished with the addition of whole-time Health Visitors, and at the end of the year only 21 were so engaged.

Whenever convenient, the nurse/midwives endeavour to attend the Ante-Natal, Infant Welfare or Weighing Centre in their districts. Nurse/midwives employed by the County Council attended during the year 975 cases as midwives and 1,352 cases as maternity nurses.

Medical aid under the Midwives' Act, 1918, was sought on 228 occasions.

Refresher Courses.

Two midwives attended refresher courses in 1949.

Re-arrangement of Midwifery Areas.

In certain instances, due to inability to fill a vacancy, it has been necessary to make temporary arrangements for the work formerly done by one nurse/midwife to be undertaken by nurse/midwives in neighbouring areas. This has been done in consultation with the local District Nursing Associations, most of whom have kept in being in an advisory capacity. It is clear that changes are both desirable and necessary as for the first time it has become possible to consider the needs of the County as a whole. Although it is already obvious that the burden of work is unevenly distributed, a satisfactory solution will depend upon the availability of adequate housing accommodation.

Supervision of Midwives.

The County Nursing Officer, whose duties include the supervision of midwifery in the whole of the County, continued to act as non-medical supervisor of midwives.

Gas/Air Analgesia.

Six midwives attended courses of training in gas/air analgesia administration, and at the end of the year 66 had been so trained.

There are only 7 midwives in the County who are not now qualified in this respect, and in each case, it is considered that because of age and approaching retirement, it is not desirable to arrange for this training.

Transport.

Many of the cars in use by the nurse/midwives, either privately owned or transferred to the County Council from District Nursing Associations, were pre-1939 models and during the year good use was made of the Ministry of Health Priority Scheme to replace them with new cars.

Sixteen midwives purchased new cars privately, and of the 28 cars owned by the County Council, 3 were sold, and 6 new cars obtained.

Excluding the urban area of Lowestoft, there are 65 midwives in the county and 61 of these use motor cars.

Section 24—Health Visiting.

As was reported last year, the four Health Visitors in the Municipal Borough of Lowestoft were not transferred to the staff of the County Council on the appointed day, although they were available for carrying out health visiting within the Borough. It was subsequently agreed that they should be transferred and this was effected formally on the 1st April, 1949.

One of these four resigned at the end of April, but during the year six new Health Visitors were appointed, and at the 31st December, 15 whole-time and 2 part-time Health Visitors were being employed.

Although this number is still short of the establishment it is hoped to attain, steady progress has been made in the development of the service, and a large part of the county is now covered by whole-time Health Visitors.

The duties of the Health Visitor are so many and so varied that it will be impracticable to provide a whole-time service until the full complement of staff is available. Briefly, the duties now include attendance at Ante-Natal and Infant Welfare and Weighing Centres; welfare of children from birth to 5 years of age; care and after-care of the health of the family as a unit; visits to tuberculous patients; visits to householders in connection with the Home Help service, both before and while the Home Help is employed; attendance at routine School Medical Inspections and follow-up visits in connection therewith.

Student Health Visitors.

Two applications for scholarships under the County Council's scheme were approved, and the selected candidates commenced the six months' course of training during the autumn. It is hoped they will complete this successfully and return to the County as qualified Health Visitors early in 1950.

Arrangements are in hand for further candidates to take the course during 1950.

Refresher Courses.

One Health Visitor attended a refresher course in accordance with the recommendations of the Rushcliffe Committee.

TABLE X.
Summary of Visits made by Health Visitors
(excluding School Health Service visits).

			<i>1st Visit</i>	<i>Total Visits</i>
Expectant Mothers	...	...	295	469
Children under 1 year	...	...	3,499	22,907
Children 1-5 years	...	...	1,616	30,887
Other visits	...	...	513	1,872

Section 25—Home Nursing.

No material change was made in the Home Nursing arrangements, the seven district nurses in Lowestoft continuing to be employed whole-time on this work, and in the rest of the County it remained as part of the duty of the nurse/midwives.

In an ageing population, the demand on this service will undoubtedly grow. There is no doubt that by far the greatest part of the time spent on home nursing is given to the older age groups, and in conjunction with the Home Help service whereby the Home Help carries out the domestic duties and with the nurse visiting daily, many old folks have been able to stay in their own homes instead of occupying a bed in a hospital.

During the year, 6,403 patients were attended, and a total number of 102,169 visits was made.

Section 26—Vaccination and Immunisation.

Vaccination.

It was towards the end of the year before any indication was given as to the amount to be paid to general practitioners for the return of completed record cards in respect of vaccination and immunisation.

A steady flow of cards had been arriving throughout the year, but on the announcement of the decision regarding payment of the fee, a large number of record cards reached the Department, covering in some instances the whole period since the scheme commenced.

In addition to the annual return for the year, made to the Ministry of Health, a supplementary return was made early in 1950 to include the record cards received too late for inclusion in the annual return. The figures for the period 5th July to 31st December, 1948 are repeated below, and shewn with the figures for the year 1949, together with in each case the supplementary figures added.

TABLE XI.

Number of Persons Vaccinated (or re-vaccinated) during the period 5th July, 1948-31st December, 1949.

Period 5th July-31st December, 1948.

<i>Age at 31.12.48.</i>		<i>Under 1</i>	<i>1-4</i>	<i>5-14</i>	<i>15 and over</i>	<i>Total</i>
Annual Return Primary	...	349	7	9	6	371
Supplementary Return, Primary	...	15	8	2	5	30
		364	15	11	11	401
Annual Return, Re-vaccination	...	—	3	4	47	54
Supplementary Return, Re-vaccination	...	—	2	2	4	8
		—	5	6	51	62

Year 1949.

<i>Age at 31.12.49.</i>		<i>Under 1</i>	<i>1-4</i>	<i>5-14</i>	<i>15 and over</i>	<i>Total</i>
Annual Return, Primary	...	793	311	16	36	1156
Supplementary Return, Primary	...	19	305	49	40	413
		812	616	65	76	1569
Annual Return, Re-vaccination	...	—	5	19	113	137
Supplementary Return, Re-vaccination	...	1	13	61	47	122
		1	18	80	160	259

Having regard to the fact that in the years 1946-5-4-3-2-1, the percentages of children under 1 year old reported successfully vaccinated were respectively 51.8, 53.9, 54.4, 52.4, 52.5 and 48.1, and in the year under review the percentage is 23.2, it is quite clear that the removal of compulsion has caused a great drop in the number of vaccinations carried out. Smallpox in any great degree has been absent from the country for a number of years and the general public has been lulled into a sense of security which tends to ignore the value of vaccination, until an experience such as was recently met in Glasgow reminds people sharply of its need.

It seems that the approach to the parents by means of a letter sent to every nursing mother is not having the success expected, and this must be strongly implemented by persuasive powers of the Health Visitor working in conjunction with the family doctor.

Immunisation Against Diphtheria.

The reference to the return of record cards in respect of vaccination is of course equally applicable to immunisation records.

As the annual return is not completed until well into the year following, it was possible to include in this the corrected figures resulting from the receipt of delayed cards, and these figures are shewn in the table below.

TABLE XII.

Number of children at 31st December, 1949 who had completed a course of immunisation at any time before that date.

Age at 31.12.49 i.e., born in year	Under 1 1949	1 1948	2 1947	3 1946	4 1945	5-9 1940-44	10-14 1935-39	Total 0-14
Number immunised	206	1971	2992	2710	2265	6116	2279	18539
Estimated mid-year child population 1949.	children under 5 18609					children 5-14 30350		

The popularity of immunisation against diphtheria continues, and its success is probably the best propaganda. For the second time, there was only one confirmed case of diphtheria in the county, and when it is remembered that as recently as 10 years ago 44 cases were confirmed, the present freedom from this disease, formerly so fatal, is most gratifying.

The campaign against diphtheria has been carried on with the voluntary co-operation of the public, and it is to be hoped that its success will not be its undoing, insofar that the absence of confirmed cases of diphtheria may make people less conscious of the danger to the community.

In the past two or three years, there has been some growth in popularity of inoculations against whooping cough, and of the use of the combined diphtheria/whooping cough prophylactic.

A number of general practitioners were giving a course of inoculations against whooping cough, but this formed no part of the Council's scheme for vaccination and immunisation. Many doctors were however using the combined prophylactic, and it was agreed that cards received recording such a course would be treated as one with the diphtheria immunisation cards.

Subsequently, as a result of many requests from parents, facilities were made available for immunisation with the combined prophylactic at infant welfare centres in the Borough of Lowestoft. After a short period, however, and in the light of an enquiry then being held by the Ministry of Health, the use of the combined prophylactic in the Council's centres was discontinued.

Section 27—Ambulance Service.

Ambulances.

Although the calls on this service increased during 1949, it has not been necessary to make any material alteration to the original scheme. The smooth operation of the service reflects great credit on the personnel as a whole, and particularly on the voluntary members of the St. John Ambulance Brigade and the British Red Cross Society.

The additional duties arising from the increased demand on the service made it necessary to appoint extra whole-time staff and, during the year, one additional driver was engaged at each of the Ipswich and Felixstowe Stations. A saving in manpower has been achieved in co-operation with the Hospital Management Committee by arranging for Hospital Porters to act as attendants at the ambulance station adjoining the East Suffolk and Ipswich Hospital.

Reciprocal arrangements with neighbouring local authorities continue to work satisfactorily, but it is possible these will need revision as a result of the National Health Service (Amendment) Act, 1949, which came into operation on 16th December, 1949.

Hospital Car Service.

The extent to which the use of this service has grown can be briefly illustrated by quoting that in August, 1948 the mileage covered was 13,000; in December, 1948, it was 16,000 and in August, 1949, 19,000.

It is not considered to be economic or practicable to maintain a directly operated service and all "sitting-case" car work is undertaken by the Hospital Car Service.

Again it must be noted that these volunteer drivers have given of their time ungrudgingly in keeping this service operative and although every effort is made to give at least 48 hours' notice of a journey, rarely has it been the case that a journey was refused because of short notice.

Section 28—Prevention of Illness, Care and After-care.

Tuberculosis.

Early in the year, the Regional Hospital Board appointed a Chest Consultant for the district and shortly afterwards the clinical and administrative duties in connection with the diagnosis and treatment of tuberculosis were taken over by the Board, these duties having formerly been carried out from the Department pending the appointment of the Board's staff. A working partnership was quickly established with the Chest Consultant and amicable arrangements were made for the interchange of information.

At first, Dr. C. J. Stewart, the Chest Consultant, had the care of patients in the whole county. Subsequently, a second Consultant, Dr. I. M. Young, was appointed and their areas then conformed to those of the Hospital Management Committee, so that Dr. Stewart had that part of the county, roughly about two thirds, covered by the Ipswich Group H.M.C. and Dr. Young covered the northern part of the county in the Lowestoft Group H.M.C., with other duties in the areas of neighbouring authorities.

Clinics are being established and wherever possible, the Council's Health Visitors will attend at the same time as patients from their particular districts, creating thereby close liaison between the clinical and the after-care treatment of the patient.

TABLE XIII.

Tuberculosis Register, Year 1949.

This register is kept in accordance with the requirements of the Public Health (Tuberculosis) Regulations, 1930.

			<i>Pulmonary</i>	<i>Non-pulmonary</i>
Cases on Register at 1.1.49	...	...	592	352
New (Primary) Notifications during 1949	...	...	113	41
Inward transfers and cases restored to register in 1949			30	8
	Total	...	735	401

Cases written off register in 1949:

			<i>Pulmonary</i>	<i>Non-pulmonary</i>
Non-tuberculous	...	...	9	3
Died	...	...	47	6
Recovered	...	...	5	11
Removed or lost sight of			16	14
	Total	...	77	34
Cases remaining on register at 31.12.49	...	...	658	367

Tuberculosis Care Committee.

It is pleasing to report that the Voluntary Care Committee has been resuscitated and District Care Committees established.

A larger number of people than ever before has been assisted with clothing, bedding, cost of transport to visit relatives in sanatoria, materials for handicrafts, coal, milk and extra nourishment, and by the provision of books and magazines.

Close liaison has been maintained with this organisation which is always ready to supplement action by official sources.

Other types of illness.

It is still not considered necessary to prepare a formal scheme for the care and after-care of other forms of illness, but the various resources of the department are available for assistance when required.

Provision of Nursing Equipment.

Joint consultations were held between the County Council, the British Red Cross Society and the St. John Ambulance Brigade to consider the establishment of medical loan depots throughout the county.

Agreement was reached whereby the County Council made a grant in respect of each new depot established by the voluntary organisations, who undertook to set them up in suitable and convenient parts of the County, and an annual grant towards the cost of replenishment and administration.

Details of the depots established at 31st December are shewn below. These have been made known to the Council's officers, who are enabled to make direct contact with their nearest depot in event of the need for any special equipment arising.

<i>British Red Cross Society.</i>			<i>St. John Ambulance Brigade.</i>		
<i>Depot.</i>		<i>Class.</i>	<i>Depot.</i>		<i>Class.</i>
Halesworth	...	A	Aldeburgh	...	A
Hoxne	...	A	Beccles	...	A
Laxfield	...	A	Felixstowe	...	A
Leiston	...	A	Framlingham	...	A
Otley	...	A	Lowestoft	...	A
Southwold	...	A	Earl Soham	...	B
Woodbridge	...	A	Felixstowe (Walton)		B
Brundish	...	B	Walberswick	...	B
Buxhall	...	B			
Claydon	...	B			
Haughley	...	B			
Horham	...	B			
Rumburgh	...	B			
Stradbroke	...	B			
Worlingworth	...	B			

The depots are classified as "A" or "B" depots according to the equipment held, "A" representing the major depots. Officers in charge of depots have the power to reduce or remit charges where hardship exists, and it was part of the agreement reached that any charges collected by the Society or Brigade should be retained by them.

Health Education.

Opportunity has been taken to arrange talks by Medical Officers, the County and Deputy Nursing Officer and the Health Visitors on various aspects of health education at ante-natal, infant welfare and weighing centres. Many such lectures have also been given to other interested bodies, e.g., Women's Institutes.

The County Council made use of an exhibition stand loaned by the Central Council for Health Education, and this was set up in various parts of the County—in cinemas, public offices and the Health Departments at Ipswich and Lowestoft—giving visual displays on subjects of topical interest. Books and leaflets were also distributed through the clinics in the County.

Section 29—Domestic Help Service.

This service which at one time looked like being the "Cinderella" of those provided by the Local Health Authority, has now grown beyond all expectations. Up to the end of 1948, no Home Helps had been enrolled, except in the Borough of Lowestoft where the scheme had been operative in a limited way. Early in 1949, a vigorous recruiting campaign was started, the success of which soon became evident.

At first, where necessary, the help was allocated in the order of priority previously agreed, viz,

1. Domiciliary confinement.
2. Children left without a mother.
3. Sickness.
4. Convalescence on discharge from hospital.
5. Old age and infirmity.

In practice, however, it was found that the demand would be mainly in respect of domiciliary confinement and care of the aged, and that of these two the greater and more regular demand would be helping the old folk.

In the early stages, before enough Home Helps were enrolled, it was at times difficult to apply the priority system, but the most important feature of the unbalanced demand was its financial aspect. Although it was possible to recover the cost, or part of it, of providing Home Help, it soon became obvious that in the greater number of cases in which help was provided for aged people, the service would be a free one because the income was too low for any charge to be made. Consequently, the increasing number of Home Helps to be paid did not bring a proportionate increase in income from the service.

Nevertheless, although it was clear that the estimated cost of the service would be exceeded, it was generally agreed that the service provided justified the increase. It is still less costly to provide Home Helps and so allow mothers to be confined and old folks to remain in their own homes than it is for these people to occupy hospital beds or hostel accommodation.

The duties of a Home Help relate solely to the domestic work of the household, such as cooking, and preparation of meals, shopping, washing, housecleaning, care of children. The Home Help does not undertake any nursing duties.

At the end of the year, 152 part-time Home Helps had been enrolled and during the year help had been provided in 310 households.

Sections 28 and 51—Mental Health.

It will be remembered that at the request of the two Councils the Minister of Health made an Order under Section 19(2) of the National Health Service Act, 1946 constituting a Joint Board for the purpose of exercising all the functions relating to Mental Health which devolve upon the East Suffolk and West Suffolk County Councils under the Act. This arrangement has worked satisfactorily and the following information is given in relation to the work of the Joint Board in East Suffolk.

Co-ordination with the Regional Hospital Boards and Hospital Management Committees.

The arrangements made for the supervision by the Officers of the Joint Board of patients on licence from the Royal Eastern Counties Institution, Colchester in the area of the North-Eastern Metropolitan Regional Hospital Board and for the provision of necessary reports on home circumstances and the similar arrangement in respect of the institutions in the area of the East Anglian Regional Hospital Board continue. The arrangement made last year with the National Association for Mental Health for their Psychiatric Social Worker to be seconded to the Joint Board for the carrying out of duties in connection with the after-care of patients discharged from mental hospitals and investigation and care of persons living in the community and suffering from mental illnesses whose cases would be referred in the first instance to the Medical Officer, was terminated on the 30th April last, as the regional after-care scheme of the Association came to an end on that date. As from the 1st July, a joint-user arrangement has been made with the Management Committee of the Suffolk Mental Hospitals for the part-time services of their Psychiatric Social Worker to be available for the carrying out of the duties referred to.

Apart from this arrangement the Welfare Officers of both County Councils have statutory duties as Duly Authorised Officers, but they have been encouraged to take a wider interest in the persons in their areas who come within the purview of the Mental Health Service. The early experience gained was encouraging, particularly as in helping with the majority of patients discharged from mental hospitals, it was considered that on return to community life, not so much advice of a sometimes restricted specialist nature was required, but rather friendly help in dealing with problems which, to the persons concerned, may seem overwhelming, but with friendly assistance can so often be relegated to their true perspective.

Work Undertaken in the Community.

Lunacy and Mental Treatment Acts.

During the year 1949, the Duly Authorised Officers of the Joint Board attended on the certification and removal to mental hospitals of 119 East Suffolk patients (50 males and 69 females). They also gave assistance in the admission of 5 voluntary patients (3 males and 2 females), and made arrangements for the admission of 3 male temporary patients.

Mental Deficiency Acts.—Admissions to Institutions.

The shortage of institutional accommodation for mental defectives has become even more acute than in 1948, but arrangements were made for 12 male and 14 female East Suffolk patients to be admitted to institutions for defectives during the year. The numbers of East Suffolk cases remaining on the waiting list on the 31st December, 1949 were 30 males and 19 females.

Supervision.

The numbers under supervision on the 31st December were as follows:—

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Statutory Supervision ...	105	103	208
Friendly Supervision ...	138	121	259

Home Training.

As reported last year, a Home Teacher was appointed in December, 1948. During the year the Home Training Scheme developed most satisfactorily and on the 31st December, 11 male and 47 female defectives were receiving training in their own homes. This work is of great value in affording occupation for defectives who would otherwise have no interest in life, with the consequent possibility that their mental condition would deteriorate and they would become a serious problem both to their families and to the community. The parents in the majority of cases very much appreciate the assistance given. The home training class continues to be held in Ipswich on alternate Wednesday afternoons and at the end of the year 1 boy and 13 girls were in attendance.

Lowestoft Occupation Centre.

This centre became full-time on the 11th January, an arrangement being made with the Education Authority for school meals to be supplied on the same terms as in ordinary schools. At the end of the year there were in attendance 8 boys and 7 girls.

Ascertainment.

During the year, 58 new cases (29 males and 29 females) were ascertained.

Guardianship.

In April a circular was received from the Ministry of Health referring to the provisions of the National Assistance Act, 1948, and to enquiries received regarding the liability of local health authorities to afford financial assistance to defectives placed under guardianship. The Ministry stated that where Guardianship Orders were obtained primarily for the purpose of securing the necessary authority to afford financial assistance and where the local health authority was satisfied that the needs of the case, other than financial, could be met by supervision, the Board of Control would be willing to consider recommendations for discharge of the Guardianship Order if financial responsibility were assumed by the National Assistance Board. In accordance with this circular the Joint Board's cases were considered and as a result of this it was possible for most of the Orders to be discharged. The number of cases remaining under guardianship on the 31st December was 2 males and 3 females. Where the National Assistance Board was not able to make an allowance as great as the allowance formerly made by the Joint Board, the Guardianship Orders were continued and the allowances made by the National Assistance Board were supplemented by the Joint Board so that no financial loss was suffered by any guardian.

IV

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supplies.

The progress made during 1949 by the Rural District Councils in providing water supplies is given in the following summary:—

Blyth. One of the borewells for the Regional Scheme, being made at Walpole, has been completed, tested and found satisfactory. The second is almost completed.

The Council has taken over the Saxmundham Waterworks and is incorporating the headworks in its Southern Regional Scheme.

Deben. Water mains have been laid in the parishes of Cretingham, Hoo and Monewden, and in the parish of Levington.

Gipping. One of the borewells which is to provide water for the Council's District Scheme has been sunk and is awaiting test.

Work is in hand in connection with a mains extension to Haughley Green.

Hartismere. Stage III of the Council's Regional Scheme is being proceeded with. This includes 47 miles of mains, all of which are extensions on existing mains and will be supplied from existing sources.

Lothingland. It has not been possible to proceed with the laying of new mains in this area because it depends upon the development of new headworks which are being constructed in the Wainford Rural District. The borewells have been completed and found to yield a sufficient and satisfactory water supply.

Samford. Stage I of the Council's water scheme, that is, for the parishes of Stratford St. Mary and Higham as well as some extensions in East Bergholt and one in Wherstead, have been completed.

The parishes of Stratford and Higham will be supplied with water from the source of the South Essex Water Company at Langham, the East Bergholt extensions are made on the existing water supply system and the Wherstead extension will be fed, temporarily, from a private source.

Wainford. No progress has been made with the laying of mains. These, with those in Lothingland, are dependent upon the development of headworks at Barsham. Duplicate borewells have been sunk and completed. These borewells are to be used jointly by the Borough of Beccles and the Rural District Councils of Lothingland and Wainford.

TABLE XIV.

Sewerage and Sewage Disposal.

The position in the Rural Districts with regard to sewerage schemes is shown in the following table.

Rural District	Schemes submitted for approval.	Min. of Health.	Approvals given. County Council.	Progress of work.	Existing Public Sewerage Scheme.
BLYTH ...	(1) None.	—	—	—	Framlingham
DEBEN ...	(2) Melton (jointly with Woodbridge) Wickham Market ...	Yes	In principle.	Not started	Trimley
GIPPING ...	(1) Bramford ...	In principle	In outline	Works completed	Haughley.
	(2) Claydon and Great Blakenham ...			Not started Length in main road at Claydon completed.	
HARTISMERE ...	(3) Debenham ...	In principle	In outline	Not started	Stradbroke Laxfield
	(4) Haughley & Wetherden	Not yet submitted	In outline	—	
	(5) Needham Market and Creeping St. Peter Mary.	Not yet submitted	Needham Market but not Creeping	—	
	(6) Stowupland	Not yet submitted	In outline	—	
	(1) Fressingfield	No	In outline	—	
	(2) Gissingham	No	No	—	
LOTHINGLAND ...	(3) Horham ...	No	Yes	—	Kessingland Reydon Corton Holbrook Shotley
	(4) Mendlesham	Yes	Yes	—	
	(5) Metfield ...	No	Yes	—	
	(6) Wyverstone	Yes	No	Completed	
	(7) Hoxne ...	No	Yes	—	
	(1) Hopton ...	No	No	—	
	(2) Kessingland extensions	In principle	In outline	—	
SAMFORD ...	(3) Bradwell ...	Yes, but deferred	Yes	—	Sewers laid
	(1) Holbrook ...	No	Yes	—	
	(2) Brantham, Stage I. ...	Yes	No	—	
WAINFORD ...	Stage II. ...	No	Yes	—	
	(3) East Bergholt	No	In outline	—	
	None.	—	In outline	—	

The Urban District of Stowmarket has proceeded with Stage I of the sewerage proposals and the works are nearing completion. No progress has been made with the works proposed in the Urban Districts of Bungay and Woodbridge.

The following developments or extensions have been made in the urban areas:—

Beccles M. B. The Beccles Borough Council has acquired the Statutory Water Undertaking in the town and has become the Water Authority.

The Council has joined with the Lothingland and Wainford Rural District Councils to sink duplicate borewells at Barsham.

Bungay U.D. The Bungay Urban District Council has received the approval of the Ministry of Health to supply water temporarily to six parishes in the Loddon (Norfolk) Rural District. This supply will be discontinued when the water is needed in Wainford Rural District and an alternative supply is available to Loddon from the Norwich Waterworks.

Felixstowe U.D. An extension of the mains of the Felixstowe Water Company has been made to the Bawdsey Ferry area.

Woodbridge U.D. The Urban District Council has purchased the Statutory Water Undertaking known as the Woodbridge and District Waterworks Company, and has become the Water Authority for the district.

Housing.

The survey of housing conditions in the Rural Districts has continued, so that by the end of 1949, 88 per cent. of the working class houses had been surveyed and classified. The following table shows the progress made in the respective districts and the classification of the houses surveyed, as at 31st December, 1949.

TABLE XV.

Housing Survey.

Returns to 31st December, 1949.

Rural District.	Estimated No. of working class houses	Total No. of houses classified	Approx. % of working class houses classified	CLASSIFICATION OF HOUSES BY CATEGORIES.				
				Category 1 No. %age	Category 2 No. %age	Category 3 No. %age	Category 4 No. %age	Category 5 No. %age
Blyth	...	4498	99.2	1136 25.3	788 17.5	1443 32.1	114 2.5	1017 22.6
Deben	...	6819	100	2936 43.0	1373 20.1	1374 20.1	532 7.9	604 8.9
Gipping	...	4526	100	960 21.2	1479 32.7	1175 25.9	403 9.0	509 11.2
Hartismere	...	3716	39.7	60 4.1	454 30.8	371 25.2	111 7.5	479 32.5
Lothingland	...	3743	100	511 13.6	855 22.8	1795 48.0	54 1.5	528 14.1
Samford	...	2897	64.7	689 36.7	607 32.4	309 16.5	133 7.1	137 7.3
Wainford	...	1122	100	89 7.9	213 19.0	325 29.0	109 9.7	386 34.4
Total for County		27356	87.9	6381 26.5	5769 24	6792 28.2	1456 6.1	3660 15.2

New Housing.

The progress made in the provision of housing accommodation is shown in the following table.

TABLE XVI.
Provision of Housing Accommodation.

A—PERMANENT HOUSES.						
	Blyth.	Deben.	Gipping.	Hartismere.	Lothingland.	Total.
					Samford.	Wainford.
Estimated number of new houses in housing programme ...	988	600	588	600	600	400
3776 +						
No. of such houses approved for erection to 31.12.49 ...	234	310	238	158	157	120
1429						
No. of new houses completed to 31.12.49 ...	125 (90)	208 (158)	170 (94)	79 (72)	73 (26)	102 (74)
875 (558)						
No. of new houses begun on 31.12.49	71	54	52	60	76	18
389						
B—TEMPORARY HOUSES.						
	Blyth.	Deben.	Gipping.	Hartismere.	Lothingland.	Total.
					Samford.	Wainford.
No. approved and completed ...	50	16	nil.	50	40	nil.
206						

Figures in brackets are those for 31st December, 1948.

Inspection and Supervision of Food.

1. Milk (Special Designations) Regulations, 1936-1946.

The Food and Drugs (Milk and Dairies) Act, 1944 came into operation in October, 1949 and with it the transfer from the County Council to the Ministry of Agriculture and Fisheries of duties regarding the production of designated milks; thus came to an end the interest of the Council in Tuberculin Tested milk production which has been its concern since June, 1936 when the Ministry of Health relinquished its control. The Council's interest in Accredited, or Grade A milk as it was, dates back to the Milk Special Designations Order 1923, although it was not until 1926 that any herds were licensed by the Council. It is interesting to note that two of the three producers licensed in that year still held designated licences in 1949. The following table shows the progress made in production of designated milks from immediately prior to the introduction of the bonus scheme by the Milk Marketing Board to the handing over of control to the Ministry of Agriculture and Fisheries.

Year.	<i>No. of licences in force at end of year.</i>			<i>No. of new licences issued during year.</i>		
	<i>Accredited (Grade A)</i>	<i>T.T.</i>	<i>Total</i>	<i>Accredited (Grade A)</i>	<i>T.T.</i>	<i>Total</i>
1934	11	6	17	1	1	2
1935	246	6	252	235	0	235
1936	285	10	295	45	2	47
1939	279	16	295	16	10	26
1944	234	76	310	0	32	32
1945	179	98	277	11	28	39
1946	170	123	293	19	35	54
1947	127	169	296	16	50	66
1948	126	234	360	22	77	99
1949*	124	280	404	11	50	61

*The figures given are those for the period ending 30th September, 1949 at which time there were about 1,700 herds in the County.

The total of 280 Tuberculin Tested licences, included 11 for both production and bottling and 124 Accredited licences included 3 for both production and bottling. During the 9 months ending 30th September, 1949, 247 samples of milk were examined. Of these, 57 failed one or other of the prescribed tests. Most of these samples were taken from applicants for licences.

II. Milk (Special Designation) (Pasteurised and Sterilised) Milk Regulations, 1949.

These regulations transferred the licensing and supervision of Pasteurisers and Sterilisers from the Local Authority to the County Council as Food and Drugs Authority. Five licensed Pasteurising Plants and no Sterilising Plants were transferred. New licences were recommended in three instances, but improvements, in order to comply with the Regulations, were required in two cases.

All thirty samples taken from the licensed establishments during the last three months of the year passed the prescribed methylene blue and phosphatase tests.

III. Tuberculous Milk (etc.)

Tuberculous Order, 1938.

The Order is not administered by the Public Health Department, but its effect should be to reduce the number of cases of non-pulmonary tuberculosis in human beings.

The following figures relate to the number of cows slaughtered under the Order during the year ending 31st January, 1950 and are supplied by the Ministry of Agriculture and Fisheries.

Chronic Cough and definite clinical signs	...	3
Tuberculosis with emaciation		0
Tuberculosis of the udder		14
Total number of cattle slaughtered	...	<u>17</u>

Food and Drugs Act 1938, and Milk & Dairies Regulations, 1949.

During the year 236 samples of milk, mostly obtained from herds the milk of which was being retailed raw for human consumption, were obtained and submitted for biological examination to the Public Health Laboratory. Of these, 7 (3%) were found to contain tubercle bacilli and 30 (13%) to contain brucella organisms. In addition, one sample taken by Gt. Yarmouth County Borough Council from a herd in East Suffolk was notified as containing tubercle bacilli.

The Divisional Veterinary Inspector of the Ministry of Agriculture and Fisheries commenced investigations of the 8 herds, the milk of which was infected with tubercle bacilli and of one herd, the milk of which was infected with brucella melitensis. As a result of such investigations carried out during the year, nine cows were slaughtered under the Tuberculosis Order, 1938 and one cow under the Brucellosis Melitensis Order, 1940.

Until October, 1949, milk found to be infected with tubercle bacilli or brucella, was diverted for pasteurisation by direct arrangement with the Milk Marketing Board. Consequent upon the Milk & Dairies Regulations 1949 the Medical Officers of Health of the Local Authorities concerned have been notified and have, in most instances, taken advantage of the Regulations to require such infected milk to be diverted for pasteurisation.

IV. Food and Drugs.

All sections of the Food and Drugs Act dealing with the composition or adulteration of foods and drugs are administered by the Public Health Department.

Formal samples of food, including drugs but excluding milk, submitted for analysis during the year, numbered 134. Of these, 6 were found to be not genuine and particulars regarding these samples together with the action taken are summarised below:—

1. *Malt Vinegar*—13% deficient in acetic acid. Legal proceedings—Case dismissed.
2. *Baking Powder*—13.75% deficient in available carbon dioxide. Legal proceedings—case proved but no penalty inflicted.
3. *Beef Sausages*—9.8% deficient in meat—vendor warned.
4. *Baking Powder*—50% deficient in available carbon dioxide. Legal proceedings—case proved but defendant discharged.
5. *Beef Sausage*—2.4% deficient in meat. Ministry of Food advised of meat deficiency and of overcharging.
6. *Beef Sausage*—1.4% deficient in meat. Vendor informed.

Informal samples, numbering 30, were tested for the presence of mineral oil, these were all genuine and no mineral oil was discovered.

Milk.

Samples taken for formal analysis numbered 183, of which 38 were "appeal to cow" samples.

The Public Analyst reported that 14 samples contained added water and that 33 were deficient in milk-fat.

Three samples of Channel Island milk were referred to the Ministry of Food as containing less than 4 per cent milk-fat.

Towards the end of the year a small laboratory was fitted out for the analysis of samples of milk by the Sampling Officers. 64 samples were examined. This arrangement has enabled a better supervision of milk supplies without any increase in the total of Analyst's fees.

A summary of the analyses of formal samples of milk is given in the following table.

TABLE XVII.
Summary of Analyses of formal samples of milk—Year 1949.

TYPE OF SAMPLE.	No. taken	FAT CONTENT.				SOLIDS NOT FAT CONTENT.					
		Variation.		Average.	Less than 3%		Variation.		Average.	Less than 8.5%	
		Min.	Max.		No.	%age of total	Min.	Max.		No.	%age of total
Purchased from Retailer ...	86	2.33%	5.33%	3.43%	14	16%	6.80%	9.30%	8.73%	12	14%
Taken at Place of Delivery	46	*1.95%	5.04%	3.40%	11	24%	*5.87%	9.20%	8.44%	10	22%
Appeal to Cow ...	38	2.40%	6.02%	3.47%	13	34%	8.01%	9.35%	8.76%	4	11%

* Both results are from the same sample.

Legal proceedings under Section 24 of the Act were instituted in three instances in respect of 6 samples. A summary of the cases is given below:—

1. *Milk.* Samples purchased from the producer at the farm prior to despatch to the wholesale dairy. “Appeal to Cow” samples were above standard. Proceedings instituted in respect of:—

- (i) 29% added water;
- (ii) 21½% added water;
- (iii) 31% added water.

Defendant found guilty and fined £3 on each charge, plus 12s. costs.

2. *Milk.* Samples purchased from the producer at the farm prior to despatch to the wholesale dairy. 20% added water and 2.2% added water. Defendant found guilty and fined £10 and £5 with Court costs. This was a second offence.
3. *Milk.* Sample of Channel Island milk purchased from a dealer. Proceedings instituted in respect of 3.5% added water. Defendant found guilty and fined £3.

V.

PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND
OTHER DISEASES.

TABLE XVIII.

Notifications of Infectious Diseases.

Infectious Disease.	Number of cases notified.	Number of deaths.	Attack rate per 1,000 Population.	
			Adminis- trative County.	England and Wales.
Typhoid Fever	—	—	—	0.01
Paratyphoid Fever	1	—	0.005	0.01
Cerebro-spinal Fever	3	1	0.01	0.02
Scarlet Fever	266	—	1.26	1.63
Whooping Cough	789	2	3.74	2.39
Diphtheria	1	—	0.005	0.04
Erysipelas	38	—	0.18	0.19
Smallpox	—	—	—	—
Measles	1,727	1	8.19	8.95
Pneumonia	134	93	0.63	0.80
Acute poliomyelitis	29	1	0.14	0.13
Acute polioencephalitis	1	1	0.005	0.01
Food poisoning	33	—	0.15	0.14
Enteric Fever	1	—	0.005	—
Dysentery	2	—	0.01	—
Infective hepatitis	41	—	0.19	—
Jaundice	29	—	0.14	—
Malaria	1	—	0.005	—
Puerperal pyrexia	13	—	3.63	6.31*
Ophthalmia neonatorum	2	—	0.57	—†

* rate per 1,000 total births.

† rate per 1,000 live births.

Poliomyelitis.

This infectious disease, more commonly known as infantile paralysis, has received much attention since the first big epidemic in the United Kingdom in 1947.

East Suffolk was fortunate in escaping the worst of the outbreak, but a number of cases occurred in the second half of this year. The majority of these were of a mild nature, though for a reason which is not clear, the patients in the northern portion of the County had more severe attacks with more residual paralyses.

The disease may, it is thought, be spread in several ways—by direct contact with patients, by contact with very mild undiagnosed cases or by the agency of healthy carriers of the virus. In view of this, investigation into individual cases very often proves fruitless and this was the experience in this county. A localised outbreak affecting one village did however reveal links between the children concerned, and a family connection was discernible in two other instances.

During the year, collaboration with the Department of Human Ecology of the University of Cambridge continued in an attempt to discover more of the epidemiology of the disease.

Owing to the insidious onset, the diagnosis in the early stages is not always easy and a number of patients sent into hospital for investigation proved to be suffering from diseases other than infantile paralysis.

Number of patients admitted to hospital as suffering from infantile paralysis				...	39
Corrected diagnosis—					
Anterior poliomyelitis:					
with paralysis	...	...	...	21	
without paralysis	...	...	...	5	
				—	26
Polio-encephalitis	...	...	...	1	
				—	27
Other diseases					12
					—

Puerperal Pyrexia.

Thirteen cases were notified, 11 domiciliary and 2 institutional. Of the domiciliary patients, 5 were transferred to hospital and 6 were nursed at home. All the patients made good recoveries.

Ophthalmia Neonatorum.

Two cases were notified, 1 being transferred to hospital and 1 remaining at home. Both made good recoveries, with vision unimpaired.

One case under treatment at the end of 1948 also recovered with unimpaired vision.

NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES.

The implementation of the National Assistance Act on the 5th July, 1948, marked the end of Poor Law and the setting up of a new Welfare Service which, as a matter of policy and with the approval of the Minister of Health, it was decided to administer through the Health Committee of the Council. In accordance with the Act the Council has a duty, or power, in respect of the following services:—

- (a) Residential accommodation.
- (b) Temporary accommodation.
- (c) Specialised welfare services for blind, deaf, crippled and other handicapped persons.
- (d) Financial assistance for old people's organisations.
- (e) Inspection and registration of homes for disabled or aged persons.
- (f) Protection of property.
- (g) Burial of the dead.

The Council has prepared formal schemes for the provision of residential and temporary accommodation, and a welfare service for blind persons, as required by the Act, and these were approved by the Minister of Health on the 1st June, 1949. Further schemes relating to the welfare of deaf, crippled and other handicapped persons will no doubt, have to be prepared when the findings of the Minister's Advisory Council in this matter are made known.

Residential Accommodation.

The Council is required to provide residential accommodation for persons who, by reason of age, infirmity or any other circumstances, are in need of care and attention which is not otherwise available to them. The National Assistance Act provided that where, immediately before the 5th July, 1948, any of the then Public Assistance Institutions were used mainly for the accommodation of sick persons, the whole of that establishment should thereafter be treated as a hospital for the purposes of the National Health Service Act, but that the accommodation available before the 5th July, 1948 for the reception of non-sick persons should continue to be available to meet the local authorities' needs under the National Assistance Act. In this manner, Hartismere Hospital, Eye; Red House, Bulcamp; St. Mary's Hospital, Tattingstone; and Stow Lodge, Onehouse, were classified as hospitals for the purposes of the National Health Service Act, the latter three being used jointly by the East Anglian Regional Hospital Board and the County Council.

Comparative figures showing the number of persons provided with residential accommodation at the joint-user establishments on the 5th July, 1948 and the 31st December, 1949, are given below:—

	<i>As at</i> <i>5th July, 1948.</i>	<i>As at</i> <i>31st December, 1949.</i>
Red House, Bulcamp ...	27	31
Stow Lodge, Onehouse ...	10	13
St. Mary's Hospital, Tattingstone ...	10	17

In accordance with its scheme the Council has pursued a policy of providing further residential accommodation in the form of small homes for approximately 30 persons. The first of such homes at "Cloncurry," Grange Road, Felixstowe has been established by the County Council in conjunction with the West Suffolk County Council and the respective County Associations for the Blind, and can accommodate 12 elderly blind persons from East Suffolk and 8 from West Suffolk. Two other homes for elderly persons are in course of preparation—one at Felixstowe and the other at Lowestoft—and it is hoped that these may be ready for occupation in 1950.

The Act also empowers local authorities to arrange for the provision of residential accommodation in homes administered by voluntary organisations and other local authorities, and the Council has taken advantage of this, it being felt that a resident's need for congenial companionship and specialised attention—as for example in the case of epileptics and other handicapped persons—can often best be met in this way. The number of persons accommodated on behalf of the Council in such establishments on 31st December, 1949, is as follows:—

Deaf	...	...	...	...	6
Epileptic	...	...	...	...	13
Disabled	...	...	...	...	1
Blind	...	...	...	...	13
Others (mainly aged)			...	...	28

Temporary Accommodation.

The Act requires local authorities to provide temporary accommodation for persons who are in urgent need of it, being need arising in circumstances which could not reasonably have been foreseen, or in such other circumstances as the authority may determine. This is primarily intended to cover persons temporarily without accommodation through such circumstances as fire, flood, etc., and local arrangements provide initially for alternative accommodation being made available in any of the homes maintained by the Council or in the joint-user establishments. A more comprehensive scheme is in course of preparation.

Welfare of the Blind.

The Act places an obligation upon local authorities to provide a welfare service for the blind, but empowers them to discharge their responsibilities either directly or through appropriate voluntary organisations. The Council's Blind Welfare Service, already in existence prior to the 5th July, 1948, has been adapted and extended to fulfil the new functions envisaged by the Act and close co-operation is maintained with the East Suffolk County Association for the Blind.

The number of Blind persons on the Council's register as at the 31st December, 1949 was 495. Of these, 9 were blind children attending special schools, 23 were occupying residential accommodation and 25 had been admitted to various hospitals as chronic sick persons. 13 blind persons were employed as home workers under the Council's scheme, their earnings being augmented by the Council in accordance with an approved scale, and a further 9 were engaged in workshops for the blind, at a guaranteed minimum

wage. Of the remainder, 13 were employed in open industry and elsewhere, 2 were undergoing courses of training with a view to their eventual employment in industry, and 421 were unemployed and living in their own homes. The comparatively large number of unemployed blind persons consists mainly of the aged, all of whom are visited regularly by the Council's Home Teachers and Welfare Officers and, where appropriate, receive instruction in Braille, Moon and handicrafts.

The number of blind persons on the Council's register is increasing, not because there is a greater incidence of blindness, but because as the welfare service grows and becomes better known, a greater number of blind persons is brought to notice.

As far as practicable the services provided by the Council and by the Voluntary Organisation are also made available to registered partially sighted persons.

Welfare of the Deaf.

Although there is, as yet, no duty upon the Council to provide a welfare service for deaf persons, a power to do so is embodied in the Act. During the year discussions have taken place between the Council and the St. Edmundsbury Mission to the Deaf and Dumb, as a result of which the Council has made a grant of £300 to the Mission which will continue to make available the services and co-operation of the Missioner and a Welfare Worker. Provisional administrative arrangements provide for the training of the Council's Welfare Officers in the Deaf Sign Language, so that they may eventually undertake routine visits to all known deaf persons in the Council's area, thus freeing the Missioner and the Welfare Worker for more specialised duties.

Welfare of Cripples and Other Handicapped Persons.

There is as yet no statutory duty to provide any services for these persons, but the welfare staffs have been encouraged to assist whenever the opportunity arises. In this way progress has already been made in developing welfare work, particularly so far as handicrafts are concerned.

Financial Assistance for Old People's Organisations.

The Act empowers local authorities to make contributions to the funds of any voluntary organisation whose activities consist of, or include, the provision of recreation or meals for old people. Financial assistance has been granted to Old People's Clubs situated at Beccles and Lowestoft and future applications will be considered in the light of any financial arrangements the Council may make with the newly formed Suffolk Old People's Welfare Committee.

Inspection and Registration of Homes for Disabled or Aged Persons.

On the 1st November there came into force that Section of the Act which requires the inspection and registration of any establishment, the sole or main object of which is the provision of accommodation, whether for reward or not, for disabled or elderly persons. There are certain exceptions, among which are hospitals, nursing homes and almshouses.

Protection of Property.

When a person is admitted to hospital or residential accommodation and it appears that there is danger of loss or damage to his movable property by reason of his inability to protect or deal with it, and that no other suitable arrangements have been made, it is the Council's duty to take reasonable steps to prevent or mitigate such loss or damage.

It has already been necessary to take action under this Section in several cases and in respect of persons of unsound mind, where the financial and other circumstances render such a course desirable, arrangements have been made for my Administrative Deputy to be appointed as Receiver and to administer the incomes and estates subject to the directions of the Master in Lunacy.

Burial of the Dead.

Under Section 50 of the National Assistance Act, 1948, it is now the responsibility of the Councils of County Boroughs or County Districts to cause to be buried or cremated the body of any person who has died or been found dead in their area, in any case where it appears to the authority that no suitable arrangements for the disposal of the body have been or are being made otherwise than by the authority. Under this Section the County Council may cause to be buried or cremated the body of any deceased person who immediately before his death was being provided by the Council with accommodation. The County Council decided to accept this power as a duty.

General.

It has been the accepted policy that to the maximum extent possible the health and welfare services should be co-ordinated and so far as the field work is concerned to use the Welfare Officers as much as practicable as "all-purpose" officers, but having available the services of whole-time or part-time "specialists" in each of the fields of activity. This policy has so far operated successfully and has done much to achieve economy in the number of staff employed and in the amount of travelling but, perhaps more important in these days when so much is provided through the State and local authorities, in avoiding too many officials going into the homes. The closest contact has been maintained with voluntary organisations and Government departments, particularly the National Assistance Board and the Ministry of Labour and National Service. The development of the welfare services, especially in a rural county such as Suffolk with widely scattered population and limited financial resources, will necessarily be slow, but on a review of the work of the year there is some cause to feel that the foundations on the lines approved by the Council have been well laid.

EAST SUFFOLK COUNTY COUNCIL.



ANNUAL REPORT
OF THE
County Medical Officer

1949

PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
IPSWICH.